

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

For the District of Delaware

Brian K Rembold

v.

SUMMONS IN A CIVIL CASE

United States Postal Service

CASE NUMBER:

05 47

+

NALC Local 191

TO: (Name and address of Defendant)

NALC Local 191

~~800~~ 8 South Dupont Rd

Wilmington, DE 19804

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Brian K Rembold

PO Box 7565

Wilmington, DE 19805

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

CLERK

Monica Masley


(By) DEPUTY CLERK

DATE

1/28/05

FILED
CLERK U.S. DISTRICT COURT
OF DELAWARE
2005 MAR -7 PM 3:48

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	01/29/05
NAME OF SERVER (PRINT) BRIAN K Reinbold	TITLE	Plaintiff
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Certified mail # 7604 1160 0006 3104 1062 w/return receipt</u> <u>on January 29, 2005</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
	\$4.42	\$ 4.42
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>March 04, 2005</u> <u></u> Date Signature of Server</p> <p style="text-align: center;"><u>3709 Delaware Street Marshalltown IA 50108</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

PO BOX 2565
WILMINGTON, DE 19805-2565

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

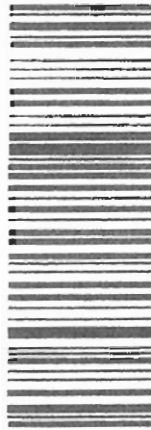
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: MR & LUCY 191
Street, Apt. No., or PO Box No. 8 SWR BAPT RD
City, State, ZIP+4 Wilmington DE 19804

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0006 3104 1062
7004 1160 0006 3104 1062



CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE DESTINATION ADDRESS AND ZIP CODE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NALC Local 191
8 South Dupont Rd
Wilmington, DE 19804

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0006 3104 1062

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery
- Important Reminder
- Certified Mail is
- NO INSURANCE
- For an additional fee, please
- delivery. To obtain a duplicate return receipt, Endorsement (PS Form 3811) is required.
- For an additional fee, please
- If a postmark or receipt is not needed at the post office, please
- **IMPORTANT: Say**
- Internet access
- addressed to AP

PO BOX 2565
WILMINGTON, DE 19805-2565

NALC LOCAL 191
8 SOUTH DUPONT RD
WILMINGTON, DE 19804

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For

valuable items, please consider Insured or Registered Mail.

- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail addressed to APOs and FPOs.



Track & Confirm

Shipment Details

You entered 7004 1160 0006 3104 1062

Your item was delivered at 1:00 pm on February 01, 2005 in WILMINGTON, DE 19804.

Here is what happened earlier:

- ACCEPTANCE, January 29, 2005, 12:11 pm, WILMINGTON, DE 19808

Notification Options

► [Track & Confirm by email](#) [What is this?](#) [Go >](#)



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Track & Confirm

Enter label number:

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CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 0.32
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.04
Total Postage & Fees	\$ 4.41

MARSHALLTON DE 0508 09 JAN 29 2005 01/29/2005

Sent To: NALC Local 191
 Street, Apt. No., or PO Box No. 8 South Dupont Rd
 City, State, ZIP+4 Wilmington, DE 19804

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><u>NALC LOCAL 191</u> <u>8 South Dupont Rd</u> <u>Wilmington, DE</u> <u>19804</u></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7004 1160 0006 3104 1062</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	